

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724395 (9)**  
1. Corporation Name  
**CORAL SPRINGS HEBREW CONGREGATION, INC.**



Principal Place of Business P.O. BOX 77096 CORAL SPRINGS FL 33077-7096	Mailing Address P.O. BOX 77096 CORAL SPRINGS FL 33077-7096
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3. Date Incorporated or Qualified <b>09/21/1972</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business 21 <b>2151 RIVERSIDE DRIVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>CORAL SPRINGS, FLORIDA</b> Zip 24 <b>33071</b>	2a. Mailing Address 26 <b>2151 RIVERSIDE DRIVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>CORAL SPRINGS, FLORIDA</b> Zip 29 <b>33071</b>	Country 25 <b>U.S.A.</b>	Country 30 <b>U.S.A.</b>
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4. FEI Number <b>59-1648723</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KRAVITZ, ROBERT A.**  
**8850 N.W. 77TH COURT, #133**  
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent  
81 Name **WITES, RUBIN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1999 UNIVERSITY DR., #300**  
83 **CORAL SPRINGS, FL. 33071**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Kravitz* (NOTE: Registered Agent signature required when reinstating) DATE: **5/1/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>KUHN, KERRY</b>	
STREET ADDRESS	<b>10002 VESTAL PLACE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>WITES, RUBIN</b>	
STREET ADDRESS	<b>1890 UNIVERSITY DRIVE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GELLMAN, JAY</b>	
STREET ADDRESS	<b>641 NW 10TH LANE</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, ROBERT</b>	
STREET ADDRESS	<b>11337 NW 10TH MANOR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	<b>MEYEROWITZ, EVELYN</b>	
STREET ADDRESS	<b>8750 ROYAL PALM BLVD, #117</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>HONIG, KEN</b>	
STREET ADDRESS	<b>9993 NW 24TH STREET</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WITES, RUBIN</b>	
1.3 STREET ADDRESS	<b>1999 UNIVERSITY DR., #300</b>	
1.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33071</b>	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WOLFSON, MARK</b>	
2.3 STREET ADDRESS	<b>11933 CLASSIC DRIVE</b>	
2.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33071</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MEDNICK, GLENN</b>	
3.3 STREET ADDRESS	<b>11043 NW 3RD STREET</b>	
3.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33071</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>300001821853</b>	
4.3 STREET ADDRESS	<b>-05/15/96--01031--003</b>	
4.4 CITY-ST-ZIP	<b>***61.25</b>	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HONIG, KEN</b>	
5.3 STREET ADDRESS	<b>9993 NW 24TH ST.</b>	
5.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33065</b>	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>SCHULTZ, JEFFREY</b>	
6.3 STREET ADDRESS	<b>5322 NW 92ND LANE</b>	
6.4 CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33067</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ken Honig* Date: **4/17/96** Daytime Phone #: **954-752-5100**

CR2E037 (12/95)